Montana Medicaid
CLAIM JUMPER

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Big Sky Rx Currently Accepting Applications

Please ask your Medicare clients with a Prescription Drug Plan if they are paying their own monthly premiums for that insurance coverage. If they are, give them one of our informational brochures or cards and ask them to call us.

Big Sky Rx is the State of Montana program funded by the 2005 Legislature with tobacco tax monies. This money was set aside for the sole purpose of assisting our Medicare recipients with their prescription drug premiums. Big Sky Rx begins paying the drug insurance premiums the month following enrollment. We enroll continuously throughout the year. Our form is easy to fill out and our eligibility specialists can answer questions as the form is filled out.

The Centers for Medicaid and Medicare have announced that 90,000 Montanans have signed up for a Medicare Prescription Drug Plan and we have only a small number enrolled in our Big Sky Rx Program. We estimate there are approximately 17,000 more individuals in the State for whom we can pay prescription drug premiums. We have only to find them and sign them up.

If you would like more materials in your office or for someone from our office to meet with your staff, call us at 1-866-369-1233.

Please help us help our Medicare beneficiaries.

Submitted by Margaret Souza, DPHHS

NPI: Get It. Share It. Use It.

As the industry transitions to NPI compliance, remember that there is no charge to get an NPI. Providers can apply online for their NPI, free of charge, by visiting https://nppes.cms.hhs.gov or by calling 1-800-465-3203 to request a paper application. The CMS NPI page, located at www.cms.hhs.gov/NationalProvIdentStand/, is the only source for official CMS education and information on the NPI initiative; all products located on this site are free of charge.

CMS continues to urge providers to include legacy identifiers on their NPI applications, not only for Medicare but for all payors. If reporting a Medicaid number, include the associated State name. If providers have already applied for their NPI, CMS asks them to go back into the NPPES and update their information with their legacy identifiers. This information is critical for payors in the development of crosswalks to aid in the transition to the NPI.

Submitted by Michelle Gillespie, DPHHS

Billing for Clients With Medicare and Medicaid—Revised

Medicare allows physician/professional charges to be billed on outpatient Critical Access Hospital (CAH) claim forms (UB-92). This is known as the "All Inclusive Payment/Option II Billing Method."

Montana Medicaid does ***not*** permit the All Inclusive Payment/Option II Billing Method. Effective August 1, 2006, Critical Access Hospitals will be permitted to bill their charges and physician/professional charges on UB-92 claim forms if the client is ***dually eligible*** (a beneficiary of both Medicare and Medicaid). This will permit claims for dually eligible clients to cross-over electronically from Medicare. Medicaid will process these claims and pay Medicare coinsurance and deductible less incurment and third party payments.

Montana Medicaid will ***not*** permit Critical Access Hospitals to bill professional charges on Critical Access Hospital claim forms if the Medicaid client does not receive both Medicare and Medicaid benefits.

This instruction supersedes the instruction dated December 1, 2004, entitled "Billing for Clients with Medicare and Medicaid." That instruction required Critical Access Hospitals and physicians/professionals that have elected the All Inclusive Payment/Option II Billing Method to include a copy of the Medicare explanation of benefits when billing Medicaid for those clients that are ***dually eligible***. This is no longer required because these claim forms will now cross-over electronically from Medicare.

Submitted by Bob Wallace, DPHHS

Targeted Youth Case Management Choices for Families

As of July 1, 2006, parents have a choice of providers to deliver Targeted Youth Case Management (TYCM) services. TYCM was opened up for any qualified agency to be able to participate, rather than limiting the number of providers to one in each of the six regions.

In order for consumers and providers to be able to access information about which agencies are providing services in each community, the Children's Mental Health Bureau has a new website that lists the current providers of Targeted Case Management. This website will be updated quarterly or when there are changes in provider information. The link for the provider list is on the Children's Mental Health web page: http://www.dphhs.mt.gov/mentalhealth/children/index.shtml.

To assure that consumers are able to make informed decisions regarding the services they receive, case management providers are to inform applicants to their agency of other providers in the community who offer TYCM services. The Children's Mental Health Bureau is currently developing a consumer pamphlet that will explain case management services and inform consumers of their rights and responsibilities. The pamphlet will be sent to current recipients of case management and will also be available online.

For questions regarding the Targeted Youth Case Management program, contact Sandra Van Campen at (406)444-1535 or svancampen@mt.gov.

Submitted by Sandra Van Campen, DPHHS

The Most Common Denial Reasons and How to Avoid Them (Part 1 of 2)

- ***Duplicates.*** A claim may be identified as an exact duplicate, which means an identical claim has already been paid. Be sure to check statements prior to resubmitting a claim. If submitting paper claims, allow four to five weeks for processing. Do not submit multiple, identical claims until it is clear that the claim in question has not been previously processed. If you can't locate the paid claim, call Provider Relations (see *Key Contacts* on page 4).

  A claim may be also be a "suspect duplicate." This denial results from billing for the same service or a similar service that has already been paid, or when another provider has already been paid for the same or similar service. This denial can be caused by overlapping dates of service, billing similar procedure codes, or when a patient is being treated for the same condition by another provider in the same facility. Providers should carefully review their claims and statements to ensure payment has not already been made. In other cases, a modifier may be used, if appropriate, to clarify the individual services rendered.
- ***Third party liability (TPL).*** This denial occurs when the client has another insurance on file and there is no TPL payment indicated on the claim. If the client's TPL denies payment, or the allowed amount is applied to the client's deductible, the EOB containing an explanation for the denial or deductible application must be attached to the claim. Also, the information on the EOB must match the information on the claim. Providers should verify TPL coverage with the client, verify TPL amount paid, and attach appropriate EOB information along with the claim. If you have information that a client either no longer has TPL or has TPL of which Medicaid is not aware, please contact the ACS TPL unit at the number under *Key Contacts* on page 4.

COBA and Medicare Crossovers

As of July 31, 2006, all crossover claims will be coordinated through one company, eliminating the need for individual agreements between State Medicaid Agencies and Medicare fiscal intermediaries. Any provider who accepts assignment from Medicare will have their claims crossover to Medicaid electronically by the new Medicare contractor starting August 1, 2006.

The New Coordination of Benefits Agreement (COBA) Program establishes a national standard contract between CMS and other health insurance organizations that defines the criteria for transmitting enrollee eligibility data and Medicare adjudicated claim data. CMS will transfer the claims crossover functions from individual Medicare contractors to a national Coordination of Benefits Contractor (COBC), Group Health Inc.

Providers will no longer have the choice to opt out of the crossover process. Montana Medicaid will require providers to supply their Medicare number for Medicaid enrollment.

The crossover claims, both Medicare Parts A and B, will be processed through the Medicaid system over the next 60 to 90 days and will begin adjudicating on September 1, 2006. Do not resubmit these claims during the 60- to 90-day phase-in period. Additionally, you will have to wait 45 days from the date Medicare paid before submitting paper claims to Medicaid.

Group Health Inc. will not send any voided or adjusted claims for crossover, and denied claims from Medicare will process as Medicaid primary. Please watch your remittance advice closely and report any unusual crossover denials.

Please note that claims for people enrolled in a Medicare Advantage plan will not crossover via this process. If you have claims for a person enrolled in a Medicare Advantage plan, you should first bill that insurance company. After the claim has been paid by the insurance company, then submit the claim and EOMB from the insurance company to Medicaid.

If you have questions about COBA or Medicaid claims, call the Provider Relations Call Center at 1-800-624-3958 or email MTPRHelpdesk@ACS-inc.com. Do not include any PHI in your email as it will be deleted and not responded to.

DME Fees Updated

Effective July 1, 2006, Montana Medicaid updated the fees for Durable Medical Equipment Providers. This fee schedule reflects the addition of new codes, recent Medicare and Medicaid rate changes, changes to code descriptions and code deletions. See fee schedules on mtmedicaid.org for more detail. If you do not have web access please call Provider Relations for information on how to obtain this fee schedule.

Submitted by Fran O'Hara, DPHHS

Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the ***Claim Jumper*** and on the Medicaid website (mtmedicaid.org).

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, the Provider Information website. Select ***Resources by Provider Type*** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	**Provider Type**	**Description**
Notices		
07/14/06	EPSDT Private Duty Nursing, EPSDT	EPSDT Private Duty Nursing Services Changes
07/14/06	Ambulance	Ambulance Notification Time Limits Change
07/21/06	Pharmacy	Medicare Part B Crossover Changes
07/24/06	DME	Capped Rental
07/25/06	Speech Therapist	Revised Notice: Elimination of CPT Codes 97530 and 97532 as Covered Services for Speech Language Pathologists
07/27/06	Hospital Inpatient, Hospital Outpatient, Physician, Podiatrist, Mid-Level Providers	Billing for Clients With Medicare and Medicaid—Revised
07/28/06	Nutritionist, School-Based Services, Chemical Dependency	Third-Party Insurance Must Be Billed Prior to Billing Medicaid
Fee Schedules		
07/13/06	Physician, Mid-Level, Lab and X-ray, Podiatry, Public Health Clinic, IDTF	Updated fee schedule
07/18/06	Hospital Outpatient	Revised APC fee schedule
07/26/06	Hospital Inpatient	DRG relative values, average length of stay and outlier thresholds
07/27/06	Targeted Case Management (Non-Mental Health)	Updated fee schedule
07/28/06	Home and Community Based Services	Updated fee schedule
Manuals and Replacement Pages		
07/05/06	Audiology, Hearing Aids	New provider manual
07/25/06	EPSDT, Physician, Mid-Level Practitioners, Podiatrists, Lab and X-ray, IDTF, Public Health Clinic, Oral Surgeon, Psychiatrist	Physician related services manual replacement pages regarding revised EPSDT information
07/25/06	EPSDT, Nutritionist, Private Duty Nursing	EPSDT manual replacement pages regarding revised EPSDT information
Other Resources		
07/05/06, 07/10/06, 07/17/06, 07/24/06	All Provider Types	What's New on the Site This Week
07/06/06	All Provider Types	Updated carrier codes sorted by ID number and name
07/11/06	Pharmacy	Updated PDL and Quicklist
07/12/06	PASSPORT	Revised provider agreement
07/12/06	Private Duty Nursing, Schools	Updated private duty nursing authorization requests for agencies and schools added to Forms page
07/14/06	All Provider Types	August 2006 *Claim Jumper*
07/20/06	All Provider Types	New general key contacts on Medicaid Information page

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Key Contacts

Provider Information website: http://www.mtmedicaid.org
ACS EDI Gateway website: http://www.acs-gcro.com
ACS EDI Help Desk (800) 624-3958
Provider Relations
(800) 624-3958 (In and out-of-state)
(406) 442-1837 (Helena)
(406) 442-4402 Fax
Email: MTPRHelpdesk@ACS-inc.com
TPL (800) 624-3958 (In and out-of-state)
(406) 443-1365 (Helena)
(406) 442-0357 Fax
Direct Deposit Arrangements (406) 444-5283
Verify Client Eligibility
FAXBACK (800) 714-0075
Automated Voice Response (AVR) (800) 714-0060
Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944
PASSPORT (800) 362-8312
Prior Authorization
DMEPOS (406) 444-6977
Mountain-Pacific Quality Health Foundation (800) 262-1545
First Health (800) 770-3084
Transportation (800) 292-7114
Prescriptions (800) 395-7961

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P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
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